

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

IN RE: ZANTAC (RANITIDINE)  
PRODUCTS LIABILITY  
LITIGATION

MDL NO 2924  
20-MD-2924

JUDGE ROBIN L ROSENBERG  
MAGISTRATE JUDGE BRUCE REINHART

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THIS DOCUMENT RELATES TO:  
STACY L. SNYDER MORSE

JURY TRIAL DEMANDED

(Plaintiff Name(s))

**SHORT-FORM COMPLAINT - VERSION 2**

The Plaintiff(s) named below, by counsel, file(s) this Short Form Complaint against Defendants named below. Plaintiff(s) incorporate(s) by reference the allegations contained in the Amended Master Personal Injury Complaint (“AMPIC”) in *In re: Zantac (Ranitidine) Products Liability Litigation*, MDL No. 2924 (S.D. Fla.). Plaintiff(s) file(s) this Short-Form Complaint - Version 2 as permitted by Pretrial Order No. 31 and as modified by the Court's Orders regarding motions to dismiss [DE 2532, 2512, 2513, 2515, and 2016].

Plaintiff(s) select(s) and indicate(s) by completing where requested, the Parties and Causes of Actions specific to this case. Where certain claims require additional pleading or case specific facts and individual information, Plaintiff(s) shall add and include them herein.

Plaintiff(s), by counsel, allege as follows:

**I. PARTIES, JURISDICTION, AND VENUE**

**A. PLAINTIFF(S)**

1. Plaintiff(s) STACY L. SNYDER MORSE

(“Plaintiff(s)”) brings this action (check the applicable designation):



On behalf of [*himself/herself*];

In representative capacity as the \_\_\_\_\_, on behalf  
of the injured party, (Injured Party's Name)  
\_\_\_\_\_.

2. Injured Party is currently a resident and citizen of (City, State)  
Lafargeville NY and claims damages as set forth below.

—OR—

Decedent died on (Month, Day, Year) \_\_\_\_\_. At the time of  
Decedent's death, Decedent was a resident and citizen of (City, State)  
\_\_\_\_\_.

If any party claims loss of consortium,

3. \_\_\_\_\_ ("Consortium Plaintiff") alleges damages for loss of  
consortium.
4. At the time of the filing of this Short Form Complaint, Consortium Plaintiff is a  
citizen and resident of (City, State) \_\_\_\_\_.
5. At the time the alleged injury occurred, Consortium Plaintiff resided in (City, State)  
\_\_\_\_\_.

## B. DEFENDANT(S)

6. Plaintiff(s) name(s) the following Defendants from the Amended Master  
Personal Injury Complaint in this action:

### a. Brand-Name Manufacturers:

Boehringer Ingelheim Pharmaceuticals, Inc.  
Boehringer Ingelheim Corporation  
Boehringer Ingelheim USA Corporation  
GlaxoSmithKline LLC  
GlaxoSmithKline (America) Inc.  
Pfizer Inc.  
Sanofi-Aventis U.S. LLC  
Sanofi US Services Inc.  
Patheon Manufacturing Services LLC  
Chattem, Inc.

**b. Generic Manufacturers:**

Ajanta Pharma USA Inc.; Amneal Pharmaceuticals, LLC; Amneal Pharmaceuticals of New York, LLC; Apotex Corporation; Auro Health, LLC; Aurobindo Pharma USA, Inc.; Dr. Reddy's Laboratories, Inc.; Glenmark Pharmaceuticals Inc., USA; Granules USA, Inc.; Heritage Pharmaceuticals, Inc.; Lannett Co., Inc.; Nostrum Laboratories Inc.; Novitium Pharma LLC; PAI Holdings, LLC f/k/a Pharmaceutical Associates, Inc.; Par Pharmaceutical Inc.; L. Perrigo Co.; Perrigo Company; Perrigo Research & Development Company; Sandoz Inc.; Strides Pharma, Inc.; Ranbaxy Inc.; Sun Pharmaceutical Industries, Inc. f/k/a Ranbaxy Pharmaceuticals Inc.; Actavis Mid Atlantic LLC; Teva Pharmaceuticals U.S.A., Inc.; Watson Laboratories, Inc.; Torrent Pharma Inc.; Wockhardt USA LLC; Wockhardt USA, Inc.; Zydus Pharmaceutical (USA) Inc.

**c. Distributors and Repackager:**

AmerisourceBergen Corporation  
Cardinal Health, Inc.  
McKesson Corporation  
Geri-Care Pharmaceuticals, Corp.  
Golden State Medical Supply, Inc.

**d. Retailers:**

**e. Others Not Named in the AMPIC:**

**C. JURISDICTION AND VENUE**

7. Identify the Federal District Court in which Plaintiff(s) would have filed this action in the absence of Pretrial Order No. 11 (direct filing) [or, if applicable, the District Court to which their original action was removed]:

Northern \_\_\_\_\_ District of NY \_\_\_\_\_

8. Jurisdiction is proper upon diversity of citizenship.

**II. PRODUCT USE**

9. The Injured Party used Zantac and/or generic ranitidine: [*Check all that apply*]

By prescription

Over the counter

10. The Injured Party used Zantac and/or generic ranitidine from approximately (month, year) — 1993 — to — 2019 —.

**III. PHYSICAL INJURY**

11. As a result of the Injured Party's use of the medications specified above, [*he/she*] was diagnosed with the following specific type of cancer (check all that apply):

Check all that apply	Cancer Type	Approximate Date of Diagnosis
<input type="checkbox"/>	BLADDER CANCER	
<input checked="" type="checkbox"/>	BREAST CANCER	May — 2014
<input type="checkbox"/>	COLORECTAL/INTESTINAL CANCER	
<input type="checkbox"/>	ESOPHAGEAL CANCER	

Check all that apply	Cancer Type	Approximate Date of Diagnosis
<input type="checkbox"/>	GASTRIC CANCER	
<input type="checkbox"/>	KIDNEY CANCER	
<input type="checkbox"/>	LIVER CANCER	
<input type="checkbox"/>	LUNG CANCER	
<input type="checkbox"/>	PANCREATIC CANCER	
<input type="checkbox"/>	PROSTATE CANCER	
<input type="checkbox"/>	OTHER CANCER: _____	
<input type="checkbox"/>	DEATH (CAUSED BY CANCER)	

12. Defendants, by their actions or inactions, proximately caused the injuries to Plaintiff(s)

#### IV. CAUSES OF ACTION ASSERTED

13. The following Causes of Action asserted in the Amended Master Personal Injury Complaint are asserted against the specified defendants in each class of Defendants enumerated therein, and the allegations with regard thereto are adopted in this Short Form Complaint by reference.
14. By checking the appropriate causes of action below, Plaintiff(s) assert these causes of action based upon the law and applicable Sub-Counts of the following state(s):<sup>1</sup>

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Check all that apply	Count	Cause of Action	States for which the cause of action was asserted in the AMPIC
<input checked="" type="checkbox"/>	I	Strict Products Liability – Failure to Warn through Warnings and Precautions (Against Brand-Name Manufacturer Defendants)	All States and Territories, Except DE, IA, MA, NC, PA, and VA

<sup>1</sup> In selecting the relevant states above, Plaintiffs reserve all rights to argue choice of law issues at a later time.

<b>Check all that apply</b>	<b>Count</b>	<b>Cause of Action</b>	<b>States for which the cause of action was asserted in the AMPIC</b>
<input checked="" type="checkbox"/>	II	Negligence – Failure to Warn through Warnings and Precautions (Against Brand-Name Manufacturer Defendants)	All States and Territories, <b>Except</b> LA, NJ, OH, and WA
<input checked="" type="checkbox"/>	III	Strict Products Liability – Failure to Warn through Proper Expiration Dates (Against Brand-Name and Generic Manufacturer Defendants)	All States and Territories, <b>Except</b> DE, IA, MA, NC, PA, and VA
<input checked="" type="checkbox"/>	IV	Negligence – Failure to Warn through Proper Expiration Dates (Against Brand-Name and Generic Manufacturer Defendants)	All States and Territories, <b>Except</b> LA, NJ, OH, OK, and WA
<input checked="" type="checkbox"/>	V	Negligence - Failure to Warn Consumers through the FDA (Against Brand-Name and Generic Manufacturer Defendants)	CA, DE, DC, HI, IN, KY, LA, MD, MA, MN, MO, NV, NY, OR, and PA
<input checked="" type="checkbox"/>	VI	Strict Products Liability – Design Defect Due to Warnings and Precautions (Against Brand-Name Manufacturer Defendants)	All States and Territories, <b>Except</b> DE, IA, MA, NC, PA, and VA
<input checked="" type="checkbox"/>	VII	Strict Products Liability – Design Defect Due to Improper Expiration Dates (Against Brand-Name and Generic Manufacturer Defendants)	All States and Territories, <b>Except</b> DE, IA, MA, NC, PA, and VA
<input checked="" type="checkbox"/>	VIII	Negligent Failure to Test (Against Brand-Name and Generic Manufacturer Defendants)	KS, TX
<input checked="" type="checkbox"/>	IX	Negligent Product Containers: (Against Brand-Name and Generic Manufacturers of pills)	All States and Territories
<input checked="" type="checkbox"/>	X	Negligent Storage and Transportation Outside the Labeled Range (Against All Retailer and Distributor Defendants)	All States and Territories
<input checked="" type="checkbox"/>	XI	Negligent Storage and Transportation Outside the Labeled Range (Against All Brand-Name and Generic Manufacturer Defendants)	All States and Territories
<input type="checkbox"/>	XII	Negligent Misrepresentation (Against Brand-Name Manufacturers by Generic Consumers in California)	CA only
<input type="checkbox"/>	XIII	Reckless Misrepresentation (Against Brand-Name Manufacturers by Generic Consumers in Massachusetts)	MA only

<b>Check all that apply</b>	<b>Count</b>	<b>Cause of Action</b>	<b>States for which the cause of action was asserted in the AMPIC</b>
<input checked="" type="checkbox"/>	XIV	Unjust Enrichment (Against All Defendants)	All States and Territories
<input type="checkbox"/>	XV	Loss of Consortium (Against All Defendants)	All States and Territories
<input type="checkbox"/>	XVI	Wrongful Death (Against All Defendants)	All States and Territories
<input type="checkbox"/>		Other	

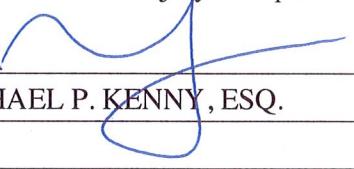
If Count XV or Count XVI is alleged, additional facts supporting the claim(s):

V. JURY DEMAND

14. Plaintiff(s) hereby demand(s) a trial by jury as to all claims in this action.

VI. PRAYER FOR RELIEF

WHEREFORE, Plaintiff(s) has/have been damaged as a result of Defendants' actions or inactions and demand(s) judgment against Defendants on each of the above-referenced causes of action, jointly and severally to the full extent available in law or equity, as requested in the Amended Master Personal Injury Complaint.

Attorney 1 Signature:   
Attorney 1 Print: MICHAEL P. KENNY, ESQ.  
Attorney 2 Signature: \_\_\_\_\_  
Attorney 2 Print: \_\_\_\_\_  
Firm: KENNY & KENNY, PLLC  
Address 1: 315 West Fayette Street  
Address 2: \_\_\_\_\_  
City: Syracuse  
State: New York  
Zip: 13202  
Email: MPKenny@kenny-kenny.com  
Phone: (315) 471-0524

Attorney 1 Signature: \_\_\_\_\_  
Attorney 1 Print: \_\_\_\_\_  
Attorney 2 Signature: \_\_\_\_\_  
Attorney 2 Print: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_